

PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) NUMBER EXTRA FOR NUMBER FILED **RATE** FEE RATE FEE BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 = (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR **TOTAL** OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR **SMALL ENTITY** SMALL ENTITY (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL **RATE** TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) **TOTAL** TOTAL ADDIT, FEE ADDIT. FEE (Column 3) (Column 2) (Column I) ADDI-ADDI-**CLAIMS HIGHEST** REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR *** Independent Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

657622

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE] [RATE	FEE
BASIC FEE			8 .							345.00	OR		690.00
TOTAL CLAIMS			10) minus 2	20= *				X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 4 minus 3 =					3 = *	1			X39=		OR	X78=	78. [∞]
MULTIPLE DEPENDENT CLAIM PRESENT									100				10.
* If the difference in column 1 is less than zero, enter "0" in column 2								ا لا	+130= TOTAL		OR	+260=	768 90
CLAIMS AS AMENDED - PART II										<u></u>	OR	TOTAL	768.°
(Column 1) (Column 2) (Column 3)									SMALLE	ENTITY	OR	OTHER SMALL	ll ll
AMENDMENT A		REM Af	AIMS AINING TER IDMENT		NU PRE\	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 0		Minus	**	20	= /		X\$ 9=		OR	X\$18=	180
	Independent	*	5	Minus	***	4	= /		X39=		OR	X78=	LA
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=	-		+260=	t-/
								. [TOTAL		OR	TOTAL	
ADDIT. FEE OR ADDIT. FEE (Column 1) (Column 2) (Column 3)													
8		CL	AIMS	7 3 4	HIC	SHEST				ADDI-			ADDI-
AMENDMENT		A	IAINING FTER NDMENT		PRE\	MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NDR	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF M	OLTIPLE DEF	'ENDÉ!	NT CLAIM			+130=			+260=	
								<u>[</u>	TOTAL		OR	TOTAL	
		(0.1	41		, a.				ADDIT. FEE		OR	ADDIT. FEE	
	1. The state of th		umn 1) AIMS			umn 2) SHEST	(Column 3))]] [=					
ENT C		Al	IAINING FTER NDMENT		NU PRE\	IMBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDIM	Total	*		Minus	**		=	1	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*		Minus	***		=		X39=	ř – –		X78=	
Ø.	FIRST PRESE]	703-		OR	7/0=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											OR	TOTAL ADDIT, FEE	
	The "Highest Num	nber Pre	viously Pa	id For" (Total or	ndeper	is less that ndent) is the	an 3, enter "3." e highest numb			ropriate box			